
The United States Navy on the World Wide Web
A service of the Navy Office of Information, Washington DC
send feedback/questions to comments@chinfo.navy.mil
The United States Navy web site is found on the Internet at
<http://www.navy.mil>

Navy & Marine Corps Medical News (MN-00-20) - May 19, 2000

The Navy Bureau of medicine and Surgery distributes Navy and Marine Corps Medical News (MEDNEWS) to Sailors and Marines, their families, civilian employees and retired Navy and Marine Corps families.

MEDNEWS is a weekly compendium of news and information contributed by commands throughout the Navy Medical department. Information contained in MEDNEWS stories is not necessarily endorsed by BUMED, nor should it be considered official Navy policy.

To achieve maximum medical information distribution, your command is highly encouraged to distribute MEDNEWS to ALL HANDS electronically, include MEDNEWS in command newspapers, newsletters and radio and TV news programs.

Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Hospital Corpsmen (HM) and Dental Technician (DT) designators are placed in front of their names.

-USN-

Contents for this week's MEDNEWS:

Headline: Submarine deploys 100 percent dental ready
Headline: Hospital corpsman joins Fleet team
Headline: Rescuers of lightning strike victim receive medal
Headline: Independent duty corpsmen: medical jacks of all trades
Headline: MERCY returns home from San Francisco yards
Headline: Anthrax question and answer
Headline: TRICARE question and answer
Headline: Healthwatch: Dealing with that snake in the grass

-USN-

Headline: Submarine deploys 100 percent dental ready
By JOCS (SW) Darrell Ames and JOCS (SW) Phil Eggman Navy Region Hawaii

PEARL HARBOR, Hawaii -- Family and friends said goodbye to loved ones stationed on board USS Columbus (SSN 762), which departed May 8 for a six-month deployment to the Western Pacific.

Columbus is a Los Angeles-class submarine equipped with sophisticated Advanced Capability and Mark-48 anti-submarine/ship torpedoes, Tomahawk and Harpoon cruise missiles.

Submarines can cruise the world's oceans in stealth while

carrying out a variety of missions and remain one of the most lethal weapons in the nation's arsenal. Therefore, it is hard to believe that just one toothache could change all that.

"A dental emergency while deployed could develop into a major health threat that could adversely affect our schedule," said Lt.Cmdr. Jeff Truffler, Columbus executive officer. "In extreme cases the Sailor would probably have to be medically evacuated off the boat."

While no one can predict or totally eliminate an emergency, Columbus' 127 officers and crew can, nevertheless, feel confident their oral health will not jeopardize their mission while underway because Naval Dental Center Pearl Harbor (NDCPH) has certified her as 100 percent operationally dental ready (ODR). In fact, Columbus is the 50th consecutive submarine or surface ship from Pearl Harbor to deploy at 100 percent ODR, and no one has ever done that before -- until now.

"It is crucial that ships and submarines deploy with the best possible dental health to decrease the chance of any dental emergency underway because most ships and all submarines do not have dental facilities on board," said Lt.Cmdr. Patrick Munley, fleet dental liaison officer for NDCPH.

Dental readiness is rated Class 1 through 4 dental health, according to Munley. To deploy at 100 percent ODR, each member of the crew must be either Class 1 (good dental health) or Class 2 (no dental problems foreseeable during deployment). Class 4 means health is unknown, requiring an exam to make that determination, and Class 3 means a dental problem needs immediate attention, something a submarine or a ship without dental facilities can not attend to while deployed.

"I can do some emergency work if necessary, but I have limited resources and facilities on board," said Hospital Corpsman 1st Class (SS/SW) Robert Stewert, Columbus' independent duty corpsman. "This is why it means a great deal to us for our crew to be 100 percent dental ready."

"We have taken dentistry to the deckplates, while instilling incentives for our independent duty corpsmen to meet ODR requirements," Munley said, noting an aggressive program of combining many services to Sailors.

"We maximize the use of our mobile dental vans to reach our fleet and shore customers and embark dental teams aboard ships on pre-deployment exercises," he continued. "We also provide 'one stop' treatment opportunities for our Sailors (exam plus cleaning, or filling plus cleaning) and educate them on the value of the services they receive."

Stewart is proud of the fact that Columbus is the 50th ship to deploy at 100 percent ODR and praises the Naval Dental Center personnel for their exceptional help. However, he gave special praise to Dental Technician 3rd Class Stacy Mitchell, NDCPH fleet liaison who helped him get his crew ready for

deployment.

"She's been fantastic," he said. "She keeps us up to date on our status, sets up our appointments and more. She's been a big part of this."

Machinist Mate 1st Class (SS) Sam Filson, an Indianapolis, Ind. native assigned to Columbus, said he is very satisfied with the job the dental clinic and Petty Officer Stewart have done getting the crew ready to go. "A dental emergency for me underway would be like a life threatening medical emergency," he said. "The suffering would probably be similar."

As a customer, Filson praises the use of the pier-side dental van, which he says saves everyone a lot of time and trouble.

"It's great to be able to walk out on the pier every three or four months and get our work done right there," he said.

-USN-

Headline: Hospital corpsman joins Fleet team

By Lt. Youssef H. Aboul-Enein, MSC, Naval Hospital Great Lakes

GREAT LAKES, ILL. - Naval Hospital Corps School Great Lakes, Ill., is where hundreds of hospital corpsmen every year begin their careers in the Navy Medical Department and then at some point head for the Fleet as sea-going health care providers.

Whether serving as independent duty hospital corpsmen or becoming part of a medical department, they ensure the medical readiness of Sailors and Marines aboard ships by providing the best medical care.

Hospital Corpsman 2nd Class (SW) Kori Jowhar realized the significance of sea-going medical support when he arrived in Yokusuka, Japan, to join the crew of the guided missile frigate, USS Thach (FFG 43), July 1995. At sea is where the hospital corpsman really learns the meaning of teamwork and sees further practice of the Navy's core values of Honor, Courage and Commitment.

It was a nervous young hospital corpsman that headed up the brow of Thach when he first reported aboard. The numerous stories about the so-called, "real Navy" ran through his mind, and he braced himself for a hard time being the frigate's newest sailor.

Jowhar said that in Corps School the focus was on the science, mathematics and tools needed to be a Navy hospital corpsman. However, he said he wasn't prepared to be one of only two 'docs' aboard a United States Navy frigate at sea. He prayed that his training would meet the challenge of this new assignment.

"After I saluted the Ensign on the brow, Senior Chief Hospital Corpsman (SW/AW) Jeffrey L. Jones, Thach's independent duty corpsman and my new boss welcomed me aboard," said Jowhar. "As the senior chief showed me around the ship, it occurred to me that he and I were the only medical personnel on board for the crew of 250 officers and enlisted crewmembers."

As the weeks went by, the young hospital corpsman learned a lot from Jones and many others. "A frigate is a tight community and no one lives in a vacuum," said Jowhar.

He said that replenishing medical supplies, arranging patient meals and coordinating a medical evacuation were examples of the cooperation and coordination needed with other departments on the ship.

"Medical providers cannot confine themselves to the medical spaces only and expect to successfully support the ship," said Jowhar.

As the only two medical representatives on board some people believe that all medical personnel do is hold sick call in the morning and call it a day. But there was more than sick call to the workday of Jowhar and Jones.

To ensure proper medical care they had to maintain medical and dental records. Healthy food preparation and eating spaces were assured by inspecting galley spaces and food products, as well as testing potable water supplies.

It seemed a hospital corpsman could be inserted into almost any of the ship's activities wherever there was the potential for injury. Thatch personnel conducted search and seizures on the high seas and the ship's two medical providers had to standby for casualties if a boarding operation went wrong.

Then there were the many evolutions that demanded medical support such as flight quarters, underway replenishment, general quarters and man overboard drills.

Fleet corpsmen are an integral part of operations worldwide and many are given singular responsibilities straight out of Hospital Corps School. Jowhar advises newly reporting ship's corpsmen to take pride in what they do for the ship. He said that no duty however small is insignificant, and everyone has a part to play.

-USN-

Headline: Rescuers of lightning strike victim receive medals
By Rod Duren, Naval Hospital Pensacola

PENSACOLA, Fla. - Two Navy medical officers and a Blue Angels pilot received the Navy and Marine Corps Medal in a ceremony here May 9 for their rescue of a wind surfer struck by lightning.

Lt. Cmdr. Pat McMahon, MC, the Blue Angels' flight surgeon; Lt. Cmdr. Paul Mollere, MC, a Navy reserve radiology resident at Tulane University in New Orleans, La., and Blue Angels pilot Maj. Bruce Shank, USMC, were awarded the medal for rescuing Air Force 2nd Lt. Nolan Porter.

The three officers were on the water in a pleasure craft when Porter was struck by lightning after a sudden storm developed. McMahon was among the first of the Navy medical personnel to reach him.

"I was pretty scared," said McMahon of Bremerton, Wash., "because there was still a great deal of lightning all around us."

The three had been heading for shelter because of the sudden arrival of the storm when they heard anxious voices calling for help. Maj. Shank, the No. 8 pilot for the Blue Angels, guided his boat to where the commotion was taking place, while rain and vicious lightning continued to pop all around them.

McMahon and Mollere dove into the rough waters to retrieve the windsurfer, lifting him into the ski boat. McMahon began cardiopulmonary resuscitation efforts while Shank navigated the boat back to the safety of the marina.

Porter, who had been given little chance for survival after being struck in the August 1999 incident, did recover fully and arrived here from his home in Salt Lake city, Utah, to meet with his three principal rescuers.

Porter still becomes emotional when talking about the incident. He said he was very excited about seeing the three naval officers.

"They are certainly deserving of the Navy and Marine Corps Medal," he said.

-USN-

Headline: Independent duty corpsmen: medical jacks of all trades

By Judith Robertson, Naval Hospital Bremerton

BREMERTON, Wash. -- If you say they are the Jacks of all trades, you are close to the truth and they are proud of it. They work on small ships, subs, remote field operations and Medical Civil Action Programs. They are the front-line medical care for anything -- as trivial as a splinter, as serious as a heart attack.

They are independent duty corpsmen, or more familiarly, IDC, and as their name implies, they work alone. They are mature, professional, caring and dedicated individuals respected by their patients who just call them 'doc.'

Thirty-eight IDC participated in the 7th Annual Pacific Northwest IDC conference Apr. 26-28 at Submarine Base Bangor, Wash. Sponsored by Naval Hospital Bremerton, the conference was designed to provide 16 continuing medical education credits necessary for IDC to remain current with medical updates, labs on airway management and the current medical treatment guidelines for Fleet IDC.

Aside from the "Professional Development of the IDC" segment, the agenda for the three-day conference read like a medical journal, covering such disparate subjects as "Anti-histamines and Allergies," "Pitfalls in Treating Abdominal Pain in Females," "Eye Trauma," and "Urological Emergencies." It was these billings that drew IDC from as far away as Washington, D.C., Millington, Tenn., and San Diego, Calif.

IDC detailers attended the conference, and according to Senior Chief Hospital Corpsman (SS/FMF) Craig Kelley, IDC

program manager at the hospital, the detailers were not only able to get a good feel for the issues of the IDC they serve, but could also take advantage of the educational offerings.

"IDC detailers still need to keep their CME current. So it

was a working visit," Kelley said. "We are providing professional education in primary and emergency care; it is the most important thing for an IDC."

For Chief Hospital Corpsman (FMF) Frank Percy, who works at the Fire Fighting Division, Fleet Training School, San Diego, Calif., this venue for getting CME credits is "the best," because it provided the opportunity to talk to specialists in the field.

"Normally, all my questions go to a general practitioner, which is usually no problem, but if you have a detailed question about the eye that's been bothering you, here's where you can get it answered by an eye specialist. Psychiatry is another specialty area where contact with a specialist is a benefit."

With an ever-increasing number of females in the Navy, Percy found the session on female abdominal pain the most valuable. While this particular subject might not be quite so foreign to Hospital Corpsman 1st Class (SW) Kathleen Michalski, the doc aboard USS Paul F. Foster (DD 964), the conference proved invaluable.

"The lectures are very appropriate for what we deal with day to day. It helps to answer questions that are always looming in the back of our heads. And the manual is excellent, very well organized."

IDC must first serve at least two years as a Hospital Corpsmen 2nd Class before they are eligible to attend the Navy's year-long Independent Corpsmen School. After graduation they are prepared to medically support all aspects of Navy and Marine Corps operations.

"Personally I feel they are indispensable," Kelley said.

Kelley had a real taste of just how indispensable when he went to a remote region in northern Vietnam last year in support of a State Dept. sponsored Medical Civil Action Program. "I was the sole care provider there. I saw more than 300 patients in four weeks: sick babies, aged women, malnutrition, broken bones, malaria, you name it. It was an area under served by medicine for years."

For Hospital Corpsman 2nd Class Jerry Smith (DV/NAC), a diver medicine technician with the Submarine Development Group based at Bangor, the training helped in his aspirations to become an IDC.

"This is really good information. The more training, the better," Smith said.

Aside from training, participants at the conference gained something more. "It provided a great opportunity to liaison with others in the field. Some have been in for awhile and have really good insight and experience," said Michalski, who is in her first year as an IDC.

Michalski and other conference attendees learned, among other valuable lessons, that while they work independently, they are not alone.

-USN-

Headline: MERCY returns home from San Francisco yards
By JO2 Stacie Rose, Navy Compass Staff Writer

SAN DIEGO, Calif. -- Hospital ship USNS Mercy (T-AH 19) returned to Naval Station San Diego recently after two months in the San Francisco shipyards.

Upon first glance, Mercy seems like her old self. Take a closer look, however, and you'll see the difference a \$4 million rework and 30 Sailors can make.

Only a portion of the reduced operating status crew stayed behind in San Francisco, taking care of duties normally reserved for the entire crew, including roving watches every two hours, sweepers three times day and a general field day two times a week.

Contractors undertook large tasks such as hull repair, ballast tank preservation and heating and ventilation work.

However, Mercy's crew did their share of work as well.

They replaced equipment on over 300 bunks, laid four thousand square feet of tiling on the mess decks, hospital administration and supply spaces and painted the mid-ship ramp that leads from the main deck to the 0-1 level.

"With such a reduced crew, our biggest challenges were cleanliness and security," said Capt. Justus Benjamin, MSC, executive officer of the medical treatment facility aboard Mercy. "But the crew pulled together and got everything done."

-USN-

Headline: Anthrax question and answer
From Bureau of Medicine and Surgery

Question: What is the cost of the vaccination program?

Answer: The current cost of a single dose of anthrax vaccine is approximately \$10.64. The full six-dose regimen costs about \$63.84. This per-dose price is lower than the cost of some vaccines on CDC contracts and considerably lower than most civilian vaccine prices (see <http://www.cdc.gov/nip/vfc/vaccines.htm>). When all associated costs (transportation, storage, administration, etc.) are included, the cost to vaccinate an estimated 2.4 million personnel (over a seven to eight-year period) will exceed \$200 million.

For more information visit the Navy medical anthrax website at <http://www-nehc.med.navy.mil/prevmed/epi/anthrax> or the DOD anthrax website at <http://www.anthrax.osd.mil>.

-USN-

Headline: TRICARE question and answer
From Bureau of Medicine and Surgery

Question: How can I get a listing of Primary Care Managers and other network providers?

Answer: A listing of network providers (Provider Directory)

in your area is available at your local TRICARE Service Center.

For more information, visit the TRICARE website at <http://www.tricare.osd.mil>.

-USN-

Headline: Healthwatch: Dealing with that snake in the grass
From American Forces Press Service

WASHINGTON, May 16, 2000 -- We call people we don't like a "snake." We call people who stab us in the back a "snake in the grass."

Westerners see snakes as evil, and that seems to color thinking about the reptiles. U.S. service members are based around the world and spend a lot of time in the bush. It's almost inevitable they will confront poisonous snakes. For most of us, there's the temptation to act like a certain "B.C." comic strip character and start whomping them.

But snakes, especially poisonous snakes in the United States, are generally shy and are generally as scared of you as you are of them. Most of the time, snakes will move to avoid you.

In 1989, the most recent year for snakebite statistics worldwide, there were 300,000 reported snakebites. They resulted in 30,000 deaths -- 20,000 in India, said Bela Demeter, a biologist with the department of herpetology at the Smithsonian Institution's National Zoological Park in Washington.

In the United States, 7,000 venomous snakebites are reported annually resulting in 15 fatalities. So, even if you are bitten, your odds of surviving are roughly 466 out of 467 or far more than 99 percent.

In this area, prevention is the best cure. Males ages 15 to 30 suffer the most venomous snakebites, and many of them occur on the arms from the hand to elbow.

"What's that say to you?" asked Bill Kane, director of education at SOLO, the wilderness education center in Conway, N.H. "It means these guys are picking up poisonous snakes." Kane said most of these poisonous snakebites happen in the Southeast and Southwest.

"Just leave them alone," he said. The Centers for Disease Control statistics agree with Kane. The CDC classifies about 3,000 of the snakebites per year as "illegitimate," meaning "these bites occurred while the victim was handling or molesting the snake." CDC statistics show that 85 percent of "legitimate" snakebites in the United States occur below the knee.

Even if a poisonous snake bites you, 30-50 percent of bites from them do not result in being injected with venom. Not exactly great odds for the person being bitten. Rattlesnakes, cottonmouths and copperheads are pit vipers and are the most common poisonous snakes in America. Although some say that snakes only inject venom when attacking a food source, other snake experts say that isn't so. The lesson for people is to not take a chance. The strike may or may not result in a dry

bite.

Pit vipers inject poison through two fangs. Generally, a bite would create two puncture wounds. If the snake injected venom, the victim will feel intense, burning pain and swelling around the holes.

The species and size of the snake has a lot to do with how dangerous its poison is. "The Mojave rattlesnake has a really bad venom," Demeter said. "And for pure size, the six-foot Eastern diamondback (rattlesnake) has a massive bite. But you really never know how much is injected, it runs the spectrum from no venom to a lot."

The one piece of first aid people should remember is to not

panic. "Contrary to myth," Demeter said, "there's no such thing as a 'one-stepper' or a 'two-stepper'" -- that's the power of the snake venom expressed as the number of steps you can take before you keel over dead. "The toxicity of these snakes is highly exaggerated."

What people need to do is to receive treatment as soon as possible after being bitten, he said.

DoD officials said military medics carry antivenom. A Soldier, Sailor, Airman or Marine bitten by a poisonous snake is usually only minutes away from treatment. Antivenom, once solely developed from equine serum, now comes from sheep, goats and rabbits.

"It's best not to do a whole lot," Demeter said. "If you have not done first aid on a snake bite, then you haven't done anything wrong yet."

The most commonly recommended treatment today is to keep the bite area immobilized below the level of the heart. Kane said medics can place a light constricting band between the bite and the heart. "The problem is that many people get carried away," Kane said. "That band turns into a tourniquet. You don't want to do that."

Remove any jewelry the person may be wearing. Swelling from the snakebite can progress rapidly, so rings, watches and bracelets can turn into a real problem.

Kane said medics can use a syringe-like Sawyer Extractor to suck venom from the bite site, but that's only effective if used within seconds of a bite."

Get the victim to a hospital as quickly as possible. Antivenom serum is the only sure cure, and because some people are allergic to horse serum it should only be given in a fully equipped medical facility.

In the United States, don't be concerned about capturing the snake for identification. Remember, it bit once and will bite again. All viper species in the United States are covered by the Wyeth Polyvalent antivenom product.

Don't use ice to slow the spread of the venom. Researchers

have found freezing of the stricken limb is a major factor leading to amputation.

Another caution is to know that the biting reflex in

snakes

remains up to two hours post-mortem. Victims have been bitten and killed by carelessly handling a severed head of a venomous snake.

The best cure for snakebite is prevention. Here's the CDC's tips:

- Do not play with snakes.
- Keep landscape well manicured.
- Wear shoes when outdoors.
- Wear gloves when weeding.
- Wear boots in snake country.
- Develop the habit of watching where you step and where you place your hands.

-USN-

Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

-USN-

-USN-